

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

**14415**  
**2019**

FILED MAY 8 1953  
BIRTH NO. 8954

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>I. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>2 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND PARK</u>		8150 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>6814 WEST 81ST STREET</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) <u>RICHARD BRADFORD PALMER</u>			a. (First) <u>RICHARD</u> b. (Middle) <u>BRADFORD</u> c. (Last) <u>PALMER</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>APRIL 14 1953</u>		
<b>5. SEX</b> <u>MALE</u>		<b>6. COLOR OR RACE</b> <u>WHITE</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>NEVER MARRIED</u>		<b>8. DATE OF BIRTH</b> <u>FEB. 8, 1953</u>	
<b>9. AGE</b> (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 1 YEAR Days <u>6</u>		IF UNDER 1 YEAR Hours <u> </u> Mins. <u> </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>CHILD</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u> </u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>KANSAS CITY, MISSOURI</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>				<b>13a. FATHER'S NAME</b> <u>RICHARD PALMER</u>			
<b>13b. MOTHER'S MAIDEN NAME</b> <u>JACQUELINE REA</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u> </u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>RICHARD PALMER, 6814 W. 81ST STREET.</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Congenital Heart</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Stenosis</u> DUE TO (c) <u> </u>			
<b>II. OTHER SIGNIFICANT CONDITIONS*</b> Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>   <u>75 1/4</u>			
<b>19a. DATE OF OPERATION</b> <u> </u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u> </u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u> </u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u> </u>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u> </u>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u> </u>			
<b>22. I hereby certify that I attended the deceased from <u>Feb 8, 1953</u>, to <u>April 14, 1953</u>, that I last saw the deceased alive on <u>4-14</u>, 1953, and that death occurred at <u>2:50 P. M.</u>, from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <u>H. M. Gilkey</u> (Degree or title) <u>M.D.</u>				<b>23b. ADDRESS</b> <u>1624 Prof Bldg.</u>		<b>23c. DATE SIGNED</b> <u> </u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>		<b>24b. DATE</b> <u>4-17-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Beloral Hills</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>4-15-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. Newcomer's Sons, Kansas City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*John B Lewis*

Licensed Embalmer No. *4805*

P. O. Address *K C MD*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.